

Completion Certificate
Maryland Solar Energy Grant Program
Solar Water Heating Grant
October 2009

A. Participant Information

Grant Amount: \$ _____

Name: _____ Organization _____

Installation Address: _____

City: _____ State: Maryland Zip Code: _____

Phone: _____ Email: _____

Sections B through D should be filled out by the **installer** of the solar water heating system.

B. Solar Water Heating System Information

Location of Collectors: _____ Size (Sq Feet): _____

Collector Manufacturer: _____ Collector Model# : _____

Tank Size: _____ Gallons Circulator Size: _____ Watts

C. Installation Contractor/Subcontractor Information

Installation Contractor Name: _____ Company Name: _____

Contractor/Customer Project # _____

Contractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Project Start Date: _____ Installation Date: _____

Contractor DUNS #: _____ Jobs Created (FT) _____ (PT) _____

Jobs Retained (FT) _____ (PT) _____ Registered Maryland Minority Business Enterprise (Y/N)

Subcontractor Name (if applicable) : _____ Company Name: _____

Subcontractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Subcontractor DUNS #: _____ Jobs Created (FT) _____ (PT) _____

Jobs Retained (FT) _____ (PT) _____ Registered Maryland Minority Business Enterprise (Y/N)

Description of Services Provided by Contractor/Subcontractor(s): _____

D. Hardware and Installation Compliance and Inspection

Please check all applicable statements.

_____ The system collectors are in compliance with the *Solar Rating and Certification Corporation's OG-100 Certification*.

_____ The system has been installed in compliance with applicable requirements of the local codes authority.

Permit #: _____ Issued By (County or Municipality Name): _____

Inspection Date: _____

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland, and have met the requirements of the local codes authority regarding system safety and reliability and that all the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Contractor): _____ Date: _____

Name
(Print): _____ Company: _____

E. Other Information Required by the American Recovery and Reinvestment Act of 2009

Recipient's Doing-Business-As Name (DBA) (if applicable): _____

Recipient's Congressional District(found at <http://www.house.gov/zip/ZIP2Rep.html>) MD _____

Recipient's Legal Address (if different from Installation Address) : _____

☐ Recipient has attached completed installer prevailing wage rate/payroll (Davis-Bacon) forms
(Sample form: <http://www.dol.gov/esa/whd/forms/wh347.pdf>)

F. Owner Acknowledgement

I solemnly affirm under penalties of perjury that I am a Maryland building owner, and have met the requirements of the program as described in the terms and conditions of the Grant Commitment Letter and the Grant Program Terms and Conditions Form, including the ARRA Addendum Special Terms and Conditions, and that the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Owner): _____ Date: _____

Social Security # - or – FID: _____

Please include a photo of the project or email an electronic photo to:

Attention Solar Energy Grant Program
Meainfo@energy.state.md.us

Mail this Completion Certificate and supporting documentation to:

**-Attention- Solar Energy Grant Program
Maryland Energy Administration
1623 Forest Drive, Suite 300
Annapolis, MD 21401**